

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10594551

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		3				
4		3				
5		3				
6		3				
7	1					
8	1					
9		1				
10		2				
11		2				
12		3				
13		3				
14	1					
15		1				
16		2				
17		2				
18		2				
19		2				
20		1				
21		1				
22		1				
23		1				
24	1					
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26		2				
27		2				
28		2				
29		2				
30		3				
31		3				
32		3				
33		1				
34		1				
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41		1				
42		1				
43		1				
44		1				
45		1				
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	1				
TOTAL DEP.	1					
TOTAL CLAIMS	3	1				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS		1		1		1